

Betty L. Hill  
GRANTOR

TO

Aaron Velmer Melton and wife, Loyce Nell Melton  
GRANTEES

WARRANTY

DEED

For and in consideration of the sum of Ten Dollars (\$10.00), cash in hand paid, and other good and valuable considerations, the receipt and sufficiency of all of which is hereby acknowledged, Betty L. Hill, does hereby sell, convey, and warrant unto Aaron Velmer Melton and wife, Loyce Nell Melton, as tenants by the entirety with full rights of survivorship and not as tenants in common, the following described property situated in the County of DeSoto, State of Mississippi, together with all improvements and appurtenances thereon more particularly described as follows:

Lot 28, 1<sup>st</sup> Revision, Golden Oaks Community, in Section 29, Township 1 South, Range 7 West, DeSoto County, Mississippi, as per Plat thereof recorded in Plat Book 67, Page 18, in the Office of the Chancery Clerk of DeSoto County, Mississippi.

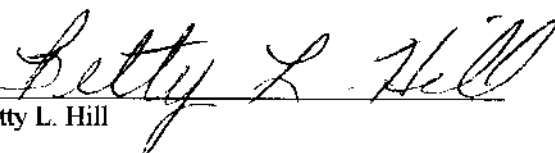
By way of explanation, James T. Hill, Sr. passed away on December 10, 1999.

The warranty in this deed is subject to subdivision and zoning regulations in effect in DeSoto County, rights of ways and easements for public roads and public utilities and restrictive covenants and easements of record.

It is understood and agreed that the taxes for the year 2009 have been prorated as of this date on an estimated basis and when said taxes are actually determined, if the proration is incorrect then Grantor(s) agree to pay Grantee(s) or their assigns any deficiency and likewise Grantee(s) agree to pay Grantor(s) or their assigns any amount overpaid.

Possession is to be given with delivery of this Deed.

WITNESS OUR SIGNATURE, this the 14th day of April, 2009

  
Betty L. Hill

STATE OF Mississippi  
COUNTY OF DeSoto

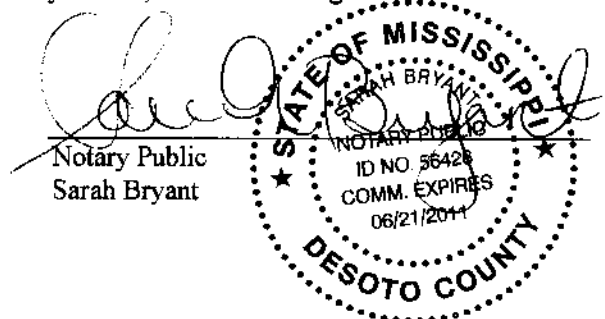
Personally appeared before me, the undersigned authority in and for the said county and state, on this the 14th day of April, 2009, within my jurisdiction, the within named Betty L. Hill, who acknowledged that she executed the above and foregoing instrument.

My Commission Expires:

June 21, 2011

GRANTOR'S ADDRESS:  
685 Church Road  
Southaven, Mississippi 38671  
Work Phone #: n/a  
Home Phone #: (662) 349-3362

THIS INSTRUMENT PREPARED BY:  
Eric L. Sappenfield, PLLC  
6858 Swinnea Road  
#5 Rutland Place  
Southaven, Mississippi 38671  
(662) 349-3436



GRANTEE'S ADDRESS:  
5656 Coleman Road  
Olive Branch, Mississippi 38654  
Work Phone #: n/a  
Home Phone #: (662) 895-3303

FILE NUMBER: 12741

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# STATE OF MISSISSIPPI

## MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

BK 606 PG 455

TYPE OR PRINT  
WITH BLACK INK

FILING  
DATE DEC 30 1999

### CERTIFICATE OF DEATH STATE OF MISSISSIPPI

STATE FILE  
NUMBER 123-

#### DECEASED

If death occurred in  
an institution, see  
HANDBOOK, regarding  
completion of  
RESIDENCE items

For RESIDENCE items,  
enter actual location  
of home rather than  
mailing address

1. NAME First Middle Last James Thomas Hill, Sr.			2 SEX Male		3a HOUR OF DEATH 8:56P m		3b DATE OF DEATH (Month, Day, Year) December 10, 1999		
4 RACE (Specify White, Black, American Indian, etc.) White		5a AGE AT LAST BIRTHDAY 64 Years		5b MOS 5c DAYS 5d HOURS 5e MINS		6 DATE OF BIRTH (Month, Day, Year) July 2, 1935		7a COUNTY OF DEATH DeSoto	
7b CITY OR TOWN OF DEATH Southaven		7c HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) Baptist Memorial Hospital - DeSoto 17B				7d IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA Emergency Room		8 STATE OF BIRTH Tennessee	
9 DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/High School, College 0-12			10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		11 SURVIVING SPOUSE (If wife, give maiden name) Betty Chapple		12 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) Yes		
13 ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) American		14 SOCIAL SECURITY NUMBER 425-58-0796		15a USUAL OCCUPATION (Kind of work done, most of working life) Investment Broker		15b KIND OF BUSINESS OR INDUSTRY Self-employed			
16a RESIDENCE-STATE Mississippi		16b COUNTY DeSoto		16c CITY OR TOWN Southaven		16d INSIDE CITY LIMITS (Specify Yes or No) Yes		16e STREET AND NUMBER OR RURAL LOCATION 685 Church Road East	

#### PARENTS

17 FATHER-NAME First Middle Last Bonnie George Hill			18 MOTHER-NAME First Middle Maiden Ida Mae Davis		
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#### INFORMANT

19a INFORMANT-NAME (Type or print) Betty Hill		19b MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 685 Church Road East Southaven, MS 38671	
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#### DISPOSITION

20a BURIAL, CREMATION, REMOVAL (Specify) Burial		20c CEMETERY, CREMATORY-NAME Potter Memorial Cemetery		20e LOCATION (City and State) Lepanto, Arkansas		21a EMBALMER-SIGNATURE AND NUMBER Joseph M. Peebles FS-881	
21b FUNERAL HOME-NAME AND MISSISSIPPI ID NUMBER Twin Oaks Funeral Home 17T		21c MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 290 Goodman Road East Southaven, MS 38671					

#### PRONOUNCEMENT

22a PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print) Robert Smith, M.D.		22b PRONOUNCED DEAD (Month, Day, Year) ON 12/10/1999		22c PRONOUNCED DEAD (Hour) AT 8:56P m	
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#### CERTIFIER

23a CERTIFIER-NAME (Type or print) Jeffery Pounders		23b MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 4942 Pounders Road Nesbit, MS 38651	
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Mississippi State  
Board of Health  
Form No. 511  
Revised 1-1-99

24a. To the best of my knowledge, death occurred due to the causes listed and manner as stated SIGNATURE 24b DATE SIGNED (Month, Day, Year)		24c STATE LICENSE NUMBER MD 24d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		24e On the basis of examination and/or investigation, my opinion, death occurred due to the causes listed and manner as stated SIGNATURE 24f TITLE DeSoto CYEA 24g DATE SIGNED (Month, Day, Year) 12/18/1999	
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#### CAUSE OF DEATH

Conditions, if any,  
which gave rise to  
immediate cause  
stating the  
underlying  
cause last

25. PART I. DEATH CAUSED BY		IMMEDIATE CAUSE (Enter one cause only) (a) Seizure Activity		Interval between onset and death	
		(b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):		Interval between onset and death	
		(c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):		Interval between onset and death	

Had Decedent  
been Pregnant  
Within 90 Days  
Prior to Death?  
☐ Yes ☐ No

26 PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in PART I				27 AUTOPSY (Yes or No) No		28 WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) Yes	
29a ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)		29b DATE OF INJURY (Month, Day, Year)		29c HOUR OF INJURY m		29d DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED	
29e INJURY AT WORK (Yes or No)		29f PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)		29g LOCATION Street or route number City or town State			

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

*F. E. Thompson Jr. MD*  
F. E. Thompson, Jr., M.D., M.P.H.  
STATE HEALTH OFFICER

DEC 30 1999

*Nita Cox Gunter*  
Nita Cox Gunter  
STATE REGISTRAR

#### WARNING:

A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. THIS IS WATERMARKED PAPER. DO NOT ACCEPT WITHOUT FIRST HOLDING TO LIGHT TO VERIFY WATERMARK.